# **Ida County**

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# Community Health Needs Assessment Snapshot

## **Promote Healthy Behaviors**

#### Problems/Needs:

- Overweight/obesity: Research has shown that as weight increases to reach the levels referred to as "overweight" and "obesity,"\*
  the risks for the following conditions also increases:
  - Coronary heart disease
  - Type 2 diabetes
  - Cancers (endometrial, breast, and colon)
  - Hypertension (high blood pressure)
  - Dyslipidemia (for example, high total cholesterol or high levels of triglycerides)
  - Stroke
  - Liver and Gallbladder disease
  - Sleep apnea and respiratory problems
  - •Osteoarthritis (a degeneration of cartilage and its underlying bone within a joint)
  - •Gynecological problems (abnormal menses, infertility)
  - \*Overweight is defined as a body mass index (BMI) of 25 or higher; obesity is defined as a BMI of 30 or higher. As such, overweight and obesity can be used as an indicator of the health of a population related to chronic disease. In addition high percentages of overweight and obesity may indicate a need for public health strategies such as promoting healthy food and beverage choices, encouraging breastfeeding, encouraging physical activity, or limiting sedentary activity.
  - According to the BRFSS data, Ida County's overweight/obese % for 2008 is 71% compared to the state of 63%.
- Breast Cancer Screening: For women, breast cancer is the most common non-skin cancer and the second leading cause of cancer-related death in the U.S. Death rates from breast cancer have been declining since 1990, and these decreases are believed to be the result, in part, of earlier detection and improved treatment. Digital mammography is significantly better than film mammography in screening women who are under age 50, women of any age with very dense breasts or pre- or peri-menopausal woman of any age. Digital mammography allows improvement in image storage and transmission because images can be stored and sent electronically. There is no digital mammography available in Ida County.
- Tobacco: While we measure deaths due to heart disease, cancer, etc., we should always keep in mind that factors such as tobacco, diet, activity and alcohol use substantially contribute to these deaths. Tobacco use accounts for 19% of all U.S. deaths.
- Alzheimer's disease: Alzheimer's disease is the most common form of dementia among older adults. Alzheimer's disease involves parts of the brain that control thought, memory, and language and can seriously affect a person's ability to carry out daily activities.

Alzheimer's is the 5th leading cause of death for adults aged 65 years and older. Mortality rates for Alzheimer's disease are on the rise, unlike heart disease and cancer death rates which are continuing to decline. An estimated 5.3 million Americans have Alzheimer's disease. This number has doubled since 1980, and is expected to be as high as 13.5 million by 2050. Individuals with Alzheimer's disease make up less than 13 percent of the Medicare population, yet they account for 34 percent of Medicare spending.

- Depression: Depression is characterized by changes in mood, self-attitude, cognitive functioning, sleep, appetite and energy level. Depression causes impairment in social and occupational functioning. It is associated with increased health care costs as well as higher rates of many chronic medical conditions. Depression is an episodic condition. People have an episode of depression, get well, and may or may not have another episode later in their life. In 2005-2006, in any 2-week period, 5.4% of Americans 12 years of age and older had depression. Depression is a treatable condition. Successful treatment enables people to return to the level of functioning they had before becoming depressed. Despite the availability of treatment, only 39% of people with severe depression reported contacting a mental health professional in the past year.
- Prescription and Over-the-Counter Drug Abuse: Prescription medications such as pain relievers, central nervous system (CNS) depressants (tranquilizers and sedatives), and stimulants are highly beneficial treatments for a variety of health conditions.
   Similarly, some OTC medications, such as cough and cold medicines containing dextromethorphan, have beneficial effects when taken as recommended; but they can also be abused and lead to serious adverse health consequences. Most people who take prescription medications use them responsibly. But when abused—that is, taken by someone other than the patient for whom the medication was prescribed, or taken in a manner or dosage other than what was prescribed—prescription medications can produce serious adverse health effects, including addiction.

# **Prevent Injuries**

### Problems/Needs:

• Falls: The rate of fall-related deaths in Iowa (8.5/100,000) is above the national average (6.2/100,000), partially due to the large proportion of seniors (85+) in Iowa, the age group with by far the highest rate of death from falls (males: 244/100,000 and females: 204/100,000). Falls are also the leading cause of injury hospitalizations and Emergency Room visits in Iowa. Ida County's fall-related death rate is 24.3/100,000 (2002-2006) is far above the state and national average.

## **Protect Against Environmental Hazards**

#### Problems/Needs:

• Lead poisoning: Childhood lead poisoning has significant effects on the health of children. Lead has adverse effects on nearly all organ systems. It is especially harmful to the developing nervous system of children under the age of six. At very high levels, children can have severe brain damage or die. At levels as low as 10 micrograms per deciliter, children's intelligence, hearing and growth are affected. Although lead poisoning can cause serious health problems, most lead poisoned children demonstrate no visible symptoms. This makes it much more important to have an effective program to prevent childhood lead poisoning. Statewide the prevalence of lead poisoning among children under the age of six is seven percent. This is more than four times the national average of 1.6 percent. Ida County children tested before the age of six are consistently higher than the state average of seven percent. (2002 births - 20% and 2003 births - 13.9%)

## **Prevent Epidemics and the Spread of Disease**

#### Problems/Needs:

• Antibiotic Resistance: Antibiotic resistance is one of the world's most pressing public health problems. Antibiotic resistance occurs when bacteria change in some way that reduces or eliminates the effectiveness of drugs, chemicals, or other agents designed to cure or prevent infections. Widespread inappropriate use of antibiotics is fueling an increase in antibiotic-resistant bacteria. There are many bacteria that have developed resistance to antibiotics used to treat the infections caused by them. Some of the more common bacteria that are sometimes resistant are Staphylococcus aureus ("Staph"), Streptococcus pneumonia ("pneumococcus"), Mycobacterium tuberculosis ("TB"), and Enterococcus.

# Prepare for, Respond to, and Recover from Public Health Emergencies

#### Problems/Needs:

• Emergency Preparedness Volunteers: Disasters/emergencies disrupt hundreds of thousands of lives every year. Each disaster has lasting effects, both to people and property. Communities, families and individuals being prepared can reduce fear, anxiety, and losses that accompany disasters. The Ida County Medical Reserve Corps (MRC) was organized in the fall of 2010. Volunteers are needed.

## **Strengthen the Public Health Infrastructure**

#### Problems/Needs:

- Transportation: Lack of available transportation is a frequently identified barrier to services. Many low-income families and seniors do not have reliable transportation. Limited public transportation does not go where people need to go at the times they need to go.
- Resource Directory: Residents and providers in Ida County are not always aware of available health care and human services.
- Health Care Coverage: Children without health care coverage do not have access to needed medical and dental services. Hawk-i is part
  of the State Child Health Insurance Program (SCHIP), and is lowa's effort to make affordable health insurance coverage available to
  children in families with incomes too high to qualify for Medicaid, but too low to afford private family coverage. There are still children
  without health care coverage in Ida County.
- Direct care worker shortage: Direct care workers provide an estimated 70 to 80 percent of the paid hands-on long-term care and personal assistance received by Americans who are elderly or living with disabilities or other chronic conditions. These workers help their clients bathe, dress, and negotiate a host of other activities of daily living. Between 2008 and 2018, the projected need for new direct care workers will exceed the number of women aged 25-54 entering the labor force by 31%. The booming demand for direct care workers only increases the challenge of how to make these jobs competitive so that they attract enough workers to meet this increased demand, especially at a time when labor force growth is slowing significantly.
- Culturally competent workforce: Increasingly diverse racial, ethnic, and socio-cultural backgrounds present challenges as providers strive to deliver care. Cultural and language differences may engender misunderstanding, a lack of compliance, or other factors that negatively impact health care outcomes. Caring for diverse populations starts with culturally competent care.
- Placement for Acute Mental Health Illness or Substance Abuse: Finding appropriate placement for individuals in acute crisis from mental health illness or substance abuse is frustrating and time consuming for law enforcement, hospital staff, caregivers and judicial personnel. The process of finding appropriate care is fragmented at best. Placement options are limited.

# Community Health Improvement Plan

		Who is	When?
Goal	Strategies	responsible?	(Timeline)
Breast Cancer Screening: Digital	Funds will be raised to purchase a Digital Mammography	Horn Memorial	In progress
mammography will be available in	Machine	Hospital	
Ida County by fall of 2011.	Apply for a Community Betterment Grant	Horn Memorial	March 2011
		Hospital	
	Horn Memorial Hospital will purchase a Digital Mammography	Horn Memorial	Fall 2011
	Machine	Hospital	

		Who is	When?
Goal	Strategies	responsible?	(Timeline)
Emergency Preparedness	Establish administrative policies	Public Health	Fall 2010
Volunteers: Increase the number			completed
of Ida County Medical Reserve	Develop a budget	Public Health	Fall 2010
Corps volunteers to 20 from a			completed
baseline of 2 in 2010.	Establish policies governing unit leadership	Public Health	Fall 2010
			completed
	Establish application and screening process	Public Health	Fall 2010
			completed
	Establish policies governing volunteers	Public Health	January 2011
			completed
	Establish training program for volunteers	MRC	February 2011
	Develop targets for recruitment and marketing	MRC	February 2011
	Conduct recruitment campaign	MRC	February 2011
	Work with partners to integrate MRC into hospital and Public	Public Health and	Spring 2011
	Health plans	Horn Memorial	
		Hospital	
	Train volunteers	MRC, EMA, PH	Spring 2011
		and HMH	
	Raise awareness of MRC in the community	MRC	Spring/Summer
			2011

Develop and implement an evaluation program	MRC	Summer 2011

		Who is	When?
Goal	Strategies	responsible?	(Timeline)
Lead Poisoning: Form a lead	Contact agencies, providers and concerned Community members	Public Health and	Spring/Summer
coalition that addresses lead	to join the Lead Coalition	Mid-Sioux	2011
issues in Ida County by Fall 2011.		Opportunity	

Goal	Strategies	Who is responsible?	When? (Timeline)
Resource Directory: Develop and distribute an Ida County Resource Directory to 3200 households, 20 community organizations and 20 providers by Fall 2011.	Research prices	Public Health	Dec 2010 completed
	Develop a budget	Public Health	Dec 2010 completed
	Ask Ida County Board of Health for funding	Public Health and BOH	January 2011
	Apply for Community Betterment Grant	HMH and Public Health	March 2011
	Gather information for directory	Public Health and Alliance	April/May/June 2011
	Design directory	HMH and Public Health	May/June 2011
	Print directory	НМН	Fall 2011
	Distribute directory	HMH, Courier and Alliance	Fall 2011
	Place directory on HMH website if feasible	HMH and Public Health	Fall 2011
	Update directory on HMH website	HMH and Public Health	ongoing

Goal	Strategies	Who is responsible?	When? (Timeline)
Health Care Coverage: Ida County Community Alliance will develop a	Place hawk-I on the agenda of the Ida County Community Alliance	Public Health	Summer 2011
strategic plan to address distribution of hawk-i materials and increase participation in the hawk-I program by December 2011.	Develop a strategic plan to address the distribution of hawk-I materials.	ICCA	Summer 2011